 Alberta Outbreak Report Form (AORF)

Protected B (when completed)

EMAIL completed form to: cd.data@gov.ab.ca or Fax to: 780-415-9609

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| --- | --- | --- | --- | --- | --- |
| **Outbreak Type**Choose one | **🡪** | **Care Facility Type** Choose one | **OR** | **Non-Care Facility Type** Choose one | **Notification Type:**Choose one |
| **Section 1 – Initial Notification** |
| **EI #:** Enter text | **PHAC Event #:** Enter text |  |
| **Onset Date:** Choose date | **Date Investigation Opened:** Choose date |
| **FNIHB Location Reporting:** Choose one | **Date Reported to Alberta Health:** Choose date |
| **Primary Investigator:** Enter text | **Telephone:** (   )   **-**     ext       |
| **Suspected Organism:** | **Enteric:** Choose Organism | **Non-Enteric:** Choose Organism |
| **Outbreak Setting:**Choose setting Grade (if K-12 is the outbreak setting): Choose gradeOther, specify: Enter text |
| **Municipality** Enter text |
| **Location (Facility Name):** Enter text | **Unit:** Enter text | **Floor:** Enter text | **Postal Code:** Enter text |
| **Is this outbreak part of a larger national or international outbreak?** [ ]  No [ ] Yes 🡪 if Yes, specify: Enter text |
|  | **a) # of Clients/Residents** | **b) # of Staff** | **c) Total (a+b):** |
| **Initial # of People ill:**  | Enter text | Enter text | Enter text |
| **Section 2 – Laboratory Confirmed Organism Identification** |
| **Primary Organism Identified:** |
| **Enteric:** Choose Organism | **Non-Enteric:** Choose Organism | **Respiratory (ILI):** Choose Organism |
| **Other, specify:** Enter text |
| **If >1 organism:** Choose Organism | **If >1 organism:** Choose Organism | **If >1 organism:** Choose Organism |
| **Other, specify:** Enter text |
| **Section 3 – Final Report** |
| **Primary Species:** Enter text | **Secondary Species:** Enter text |
| **Onset Date of Last Case:** Choose date | **Date Investigation Closed:** Choose date |
| **Other AHS zones/FNIHB locations where cases have been identified:** |
| [ ]  Calgary Zone[ ]  Central Zone[ ]  Edmonton Zone | [ ]  North Zone[ ]  South Zone | [ ]  FNIHB community in Calgary Zone[ ] FNIHB community in Central Zone[ ]  FNIHB community in Edmonton Zone  | [ ]  FNIHB community in North Zone[ ] FNIHB community in South Zone |
| **Is this outbreak part of a larger national or international outbreak?** [ ]  No [ ]  Yes 🡪 Specify: Enter text |
| **Is the source likely environmental?**Choose one | **🡪** | **If Yes, what is the environmental source?** Choose oneOther, specify: Enter text | **🡪**  | **Environmental source final resolution:** Choose one |
|  | **a) # of Clients/Residents** | **b) # of Staff** | **c) Total (a+b)** |
| **Final # ill/cases** | **Suspect** | Enter text | Enter text | Enter text |
| **Probable** | Enter text | Enter text | Enter text |
| **Confirmed** | Enter text | Enter text | Enter text |
| **TOTAL** | Enter text | Enter text | Enter text |
| **# Hospitalized** | Enter text | Enter text | Enter text |
| **# Deceased** | Enter text | Enter text | Enter text |
| **Total Population at Risk** | Enter text | Enter text | Enter text |
| **Secondary Organism Final # ill/cases**  | **Suspect** | Enter text | Enter text | Enter text |
| **Probable** | Enter text | Enter text | Enter text |
| **Confirmed** | Enter text | Enter text | Enter text |
| **Immunization type (where applicable)** | Choose a vaccine |
|  | **a) # of Clients/Residents** | **b) # of Staff** | **c) Total (a+b)** |
| Adequately Immunized PRIOR  | Enter text | Enter text | Enter text |
| **Outbreak Summary/Comments:** Enter text |
| **Date Final Report Submitted to Alberta Health:** Choose date |